PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998

Application or Docket Number

09/315980

CLAIMS AS FILED - PART I (Column 1) (Column 2)								Small i		OR	OTHER SMALL	
FOR N				R FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE						: అం త			380.00	OR		760.00
TOTAL CLAIMS					20= *			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 4 minus 3 = #								X39=		OR	X78=	78
ML	ILTIPLE DEPEN	RESENT		+130=		OR	+260=					
≄ If	the difference	in colum	n 1 is l	ess than ze		TOTAL		OR	TOTAL	\$ 34		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL	THAN
amendment a	7	CLAII REMAII AFTE AMENDI	MS NING ER	,°	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	ŵ		Minus	sisk.	=		X\$ 9=		OR	X\$18=	
	Independent			Minus	***	=		X39=		OR	X78=	
	FIRST PRESE	NTATION	OF ML	JLTIPLE DEF	PENDENT CLAIN	<u>fi</u>		+130=		OR	+260=	
							<u>L</u>	TOTAL DDIT. FEE		OP	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								DDII. FEE (<u></u>	، ن	ADDII. I EE	
AMENDMENT B		CLAII REMAII AFTI AMEND	NING ER	s. 44,	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	=		X\$ 9=		OR	X\$18=	
	Independent	*	105.04	Minus	***	=		X39=		OR	X78=	
	LINOI PHESE	NIATION	OF MC	JLTIPLE DE	PENDENT CLAIF	VI		+130=		OR	+260=	
			L Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE					
	,	(Colun		V	(Column 2)	(Column 3)	a					
AMENDMENT C	· · · · · · · · · · · · · · · · · · ·	CLAII REMAII AFTI AMEND	NING ER	.	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	¥		Minus	ńй	=		X\$ 9=		OR	X\$18=	
	Independent	×		Minus	***	=		X39=		OR	X78=	
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
					mn 2, write "0" in o		L	+130=		OR	+260= TOTAL	<u> </u>
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 31598D

Total Fee Calculation

	10miles Calediation								
	Fee Code	Total # Claims	Number Extra X	 Fee	Fee = Total				
	Sm/Lg.			Sm. Entity	Fee = Total Lg. Entity				
Basic Filing Fee	201/101				= 76D				
Total Claims >20	203/103	-20 =	x		=				
Independent Claims >3	202/102	-3=	x		= 78				
Mult. Dep Claim Present	204/104				<u> </u>				
Surcharge	205/105				= 130				
English Translation	_139				<u> </u>				
TOTAL FEE CALCULA	ATION				968				
Fees due upon filing th	ne application:								
Total Filing Fees Due	= \$	968							
Less Filing Fees Subm	itted - \$	0							
BALANCE DUE	= \$	968							
Office of Initial Patent I	Examination								

Figurë 7

FORM: CIPE-RAM-01 (Rev. 12/97)